NERVE AGENT METABOLITES IN URINE ANALYSIS REQUEST FORM

Submitter Name:			Submitter Organization:				TE AT SEA			EAT SEAL	
Mailing Address:							State of Idaho Bureau of Labor	atories			
City:			State: Zip:				2220 Old Penitentiary Rd. Boise, ID 83712			H. C.	
Phone: E-		E-mail	-mail Address:				208-334-2235			TEX OF T	
Secure Fax Number	er:										
Customer	Collected by	Collection	n Collectio	n Condor	Date of	Known Chem	Symptomatic		ratory Use		
Specimen ID	Collected by	Date	Time	'' Gender	Birth	Exposure?	Chem Exposure?	Lab Sample #	Bottle Type	Preservative	
Special Instructions	:										
General Information This method is used (cyclohexylsarin). The cap (do not overfill), containers submitted	I to measure the mone optimal amount Samples should be	of speciments of speciments of specimens of specimens of the specimens of specimens	en is at least 5 t -70 ± 5 ºC as	mL. The mir soon as pos	nimal amour sible and sh	nt required is 1.5 hipped on dry ice	mL. Acceptable se. Include two blan	pecimen contair k (empty) contai	ners are p ners per l	lastic with scre	
LABORATORY USE ONLY											

__ Received By _

Revised 11/28/07

Date Received:

_ Time Received: _